

## Abstract 692

**TITLE:** Rapid Versus Standard HIV Testing of Persons at High Risk of HIV Infection

**AUTHORS:** Marmor M, Titus S, Hagerty R, Harrison C (New York University School of Medicine, New York, NY)

**ISSUE:** Rapid HIV testing, in which enzyme immunoassay (EIA) results are available within 15-20 minutes, have been shown to be useful in clinic settings and reduces problems encountered with standard testing when patients fail to return for test results. Of patients tested with standard techniques, usually in clinic settings, 16-52% have failed to return for follow-up (CDC, Morbid Mortal Wkly Rep, 1988; 47: 211-215). In contrast, studies in clinics have indicated that virtually all persons tested with rapid methods receive at least their EIA results. The present report analyzes the utility of both rapid and standard HIV testing in the conduct of an epidemiologic study.

**SETTING:** A 29-foot van parked in various disadvantaged New York City neighborhoods.

**PROJECT:** As part of two contemporaneous HIV vaccine preparedness studies of the HIV Network for Prevention Studies, we screened potential volunteers for HIV risks and, if subjects gave histories of sufficiently high risk, we offered them HIV-screening with required pre-test counseling and signing of informed consents. Recruitment of male and female drug injectors for the "High Risk IDU" protocol used rapid testing, whereas recruitment of women at heterosexual risk of HIV (with or without injection-drug risk) for the "VPS2 Protocol" used standard HIV testing. All subjects were compensated for their time at the end of the initial screening visit. All VPS2 subjects were scheduled for recall visits approximately two weeks after blood donation to receive HIV test results. In the High Risk IDU protocol, only subjects found to be positive on the rapid EIA were scheduled for a recall visit to be informed of confirmatory test results. Subjects in this protocol did not receive compensation for their screening visit if they did not receive HIV test results. Subjects in both protocols were told they would be compensated for their time at their "results visits."

**RESULTS:** Of 494 men and women screened with the rapid HIV test, 4 (0.81%) failed to receive their HIV test results at the screening visit, compared to 35 (20%) of 175 women tested with the standard methods. These proportions were significantly different ( $p < 0.001$ ). Among persons tested with standard methods, similar percentages of HIV-positives (21%) and HIV-negatives (19%) failed to return for HIV test results. The proportions of subjects failing to return for results with standard testing showed a significant trend with age, younger persons being less likely than older persons to receive their HIV test results. The rapid HIV test was well accepted by both subjects and staff.

**LESSONS LEARNED:** Rapid HIV testing offers important advantages over standard methods and increases the likelihood of persons with HIV being identified and referred for treatment.

**PRESENTER CONTACT INFORMATION**

**Name:** Michael Marmor, Ph.D.

**Address:** NYU School of Medicine, 650 – 1<sup>st</sup> Avenue, 5<sup>th</sup> Floor  
New York, NY 10016-3240

**Telephone:** (212) 263-6667

**Fax:** (212) 263-1095

**E-mail:** [Michael.marmor@med.nyu.edu](mailto:Michael.marmor@med.nyu.edu)